

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014362

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 24 1962

Primary Registration District No.

3007

Registrar's No.

706

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 8 Months	c. CITY OR TOWN MALDEN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTOR'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.#1-- LMI. EAST
3. NAME OF DECEASED (Type or print) First LILLIAN Middle MARIE Last WHITTEN		4. DATE OF DEATH Month APRIL Day 8 Year 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-22-1876
9. AGE (last birthday) 85 yrs.		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY FARMING.	11. BIRTHPLACE (City and state or country) CHARITON, IOWA
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME GEORGE CATTERLIN	
13b. MOTHER'S MAIDEN NAME HENRIETTA DAVID		14. NAME OF HUSBAND OR WIFE JOHN H. WHITTEN (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT TOM WICKER, R # 1, MALDEN, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Tremor DUE TO (c) Cerebro-Vascular accident		INTERVAL BETWEEN ONSET AND DEATH 3 da 10 da 8 Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 8/29/61 to 4/8/62 and last saw her alive on 4/7/62 Death occurred at 10:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Sneihert M.D. (Degree or title)		22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 4/13/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-11-1962	23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY	23d. LOCATION (City, town, or county) MALDEN, MO.
24. FUNERAL DIRECTOR DAY & KNIGHT F.H. MALDEN, MO.		25. DATE RECD. BY LOCAL REG. 4-20-1962	26. REGISTRAR'S SIGNATURE Betty Reid Deputy Registrar

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. H. Schuman

Licensed Embalmer No. 4086

P. O. Address Walden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.